

PIP Item 1C.2.2 Improve the use of resources available for service planning with parents. Develop and implement a resource coordination process for in-home and out-of-home service planning.

PIP Item 1C.2.1, In-home and out-of-home services chart was developed and distributed to the field in preparation for this item. Mike Cheek, Director, the reasonable efforts workgroup and the Prevention Branch put together the in-home services comparison chart to preparation for 1C.2.2.

Mike Cheek, and the reasonable efforts/documentation and consultation workgroup met to discuss this process. Below is an outline of the process that was used to assist the nine service regions.

The workgroup and Mr. Cheek developed instructions (part 2) of this action step to guide the regional staff through this resource coordination process. The guide explained the goal of this PIP item and outlined each step. In order to ensure that each region utilized their available resources in the most effective and efficient manner, each region was asked to:

1. Designate specific staff that is familiar with all of the in-home and out of home services. This person will serve as a gatekeeper for the coordination of services. They will be responsible for ensuring that based on the intensity of the needs of the family referred; families will be matched with the services that are most appropriate.
2. Develop a referral form that would encompass all of the programs.
3. Submit the form back to central office staff so that it could be sent to each region to vote on the one form that regions felt were best.
4. Develop a plan of implementation on how they would inform their staff and community partners about the new process.

Attached is a copy of the workgroup guide, the in-home/out-of-home comparison chart (part 3) and the new universal referral form part 4 as well as each regional action plan (parts 5-13).

PIP Goal 1c2.2 Due November 30th

Develop and implement a resource coordination process for in-home and out of home service planning.

Goal: to maximize the use of the CCC in-home services, FPP (IFPS, FRS & FACTS) and Intensive In-Home Services (formerly known as Diversion) grants by having all request for services sent to an individual or group of individuals (gate keeper) who is familiar with all of the programs, and based on the intensity of the service needed, determines which program is most appropriate.

ACTION STEPS

- Each region needs to develop a regional specific referral form that encompasses all five (5) in-home service programs. (If you already have one that covers all of these please move to the next step).
- Each region needs to determine how they will implement their process in their region and include the process in the packet with the referral.
- Using the newly developed In-Home Services Comparison Tool, each region needs to develop a plan on how they will educate their staff and community partners about the services, and how the referral process will work.

Your form, your instructions and your plan of how you will education your staff and community partners will need to be posted in your regional PIP folders by October 30th.

****We are providing examples of some referral forms that some of the regions have already devised that may be helpful in giving you a starting point. Again, Make sure that your form encompass all five (5) of the programs and is specific to your regions.**

Services Comparison Tool

Fall 2010

Service	Target Population	Referral Criteria	Response Time	Services	Duration of Service	Follow-up	Area
Targeted Assessment Program (TAP)	Low-income parents/caretakers at risk for substance use and mental health disorders, intimate partner violence, and learning deficits and disabilities served by DCBS.	Individuals must: 1) Receive Temporary Assistance to Needy Families (TANF)/Kentucky Transitional Assistance (K-TAP) benefits or be eligible for TANF/K-TAP benefits with a family income at or below 200% the federal poverty level; 2) Have at least one dependent child related by blood, adoption, or marriage in the home or have a plan for reunification; and 3) Be at risk for one or more of four targeted barriers – substance abuse, mental health disorders, intimate partner violence, or learning deficits/disabilities.	Varies by county – between 1-30 days of referral	<ul style="list-style-type: none"> • Holistic assessment • Referral to services • Pre-treatment to increase readiness for service engagement • Case coordination: includes strengths-based case management to address basic needs and other external barriers to self-sufficiency and family safety. Includes home visits and other outreach services and accompaniment to first appointments as needed to assist engagement • Follow-up on service engagement; • Case consultation and training • Collaboration with community partners. 	Each client has an individualized plan, so duration varies. Average duration – 4-6 months.	TAP follows up on each case to ensure the parent/caretaker engages in needed services and to assist in the reunification process. For Kentucky Works Participants, TAP also follows up to ensure the participant is engaging in work preparation or employment as soon as possible.	32 Counties: Barren, Boone, Boyd, Breathitt, Campbell, Christian, Danville, Fayette, Floyd, Hardin, Henderson, Hopkins, Jefferson, Johnson, Kenton, Knott, Laurel, Lee, Letcher, McCracken, McLean, Madison, Magoffin, Martin, Nelson, Ohio, Owsley, Perry, Pike, Pulaski, Rowan, and Warren.
Sobriety Treatment and Recovery Team (START)	Families at risk of child removal due to substance abuse issues.	The families must exhibit substance abuse risks to children and include a child age 3 or younger. They must also fulfill one of two other criteria: an infant born drug-exposed to a substance abusing mother or a substantiated finding of child abuse or neglect.	Once intake identifies a family who may be eligible for START, a family team meeting is scheduled at which time the START team becomes involved with the family and immediately begins providing services. TAP assessment occurs within two days of FTM and provides initial recommendations within 3 days at which time the referral is made to the substance abuse treatment provider. The treatment provider then has 48 hours to meet with client and must have a minimum of four more sessions, and a completed treatment plan with client within the next two week period. START team is providing weekly home visits during at least the first 90 days of a case.	START provides intensive case management services by a START social worker and Family mentor. In-home and ongoing protective services. When indicated, they can take custody and place children out of the home, working with the family on reunification or the development of an alternative permanency plan for the children.	Services are available until the risk has been reduced or an alternative permanency plan has been achieved for the children. Families must demonstrate a minimum of 6 months of uninterrupted sobriety before consideration will be given to case closure.	START provides ongoing support to families through the case and links families with recovery supports and community resources for when the DCBS case is closed.	Boyd, Kenton, Jefferson & Martin

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Services Comparison Tool							
Service	Target Population	Referral Criteria	Response Time	Services	Fall 2010		
					Duration of Service Follow-up Area		
Health Access Nurturing Development Services (HANDS)	Voluntary program provides services which can begin during pregnancy or anytime before a child is 3 months old.	First time new and expectant parents residing in Kentucky.	Timeframe from initial screening to assessment is 30 days. If the assessment is positive for services, contact occurs w/in 48 hours and a visit w/in one week.	Pregnant women are screened, as early in pregnancy as feasible using an Universal Screening Tool for indicated "stress factors." link parents with community services. Women who screen positive have a family assessment completed using a Standardized Assessment Tool. Women who have a negative screen are advised of available parenting resources, if interested. A trained home visitor introduces parenting skill development in areas such as recognizing your baby's needs, what to expect as your baby grows, making your home safe, etc. Services focus on supporting the family, family-child interaction, child development and personal responsibility and assistance in securing a medical provider. The frequency of visits is determined by the family's needs; intensity may be increased/decreased based on need.	Services are available for the family until the child is two years of age. Services may be extended until the child is three years of age if weekly visits have continued and there has "been no progress with the family".	Family may return if less than 3 months since services were discontinued.	Statewide
First Steps	First Steps is a statewide early intervention system that provides services to children with developmental disabilities from birth to age 3 and their families.	Child eligibility for the program is determined two ways: By developmental delay - A child may be eligible for services if an evaluation shows that a child is not developing typically in at least one of the following skill areas: communication, cognition, physical, social and emotional or self-help.	Anyone can refer a child for First Steps services by calling 877-477-8377 or 877-41 STEPS. The Point of Entry offices are to follow up with a family within 5 days of receiving a referral. Per federal timelines we are required to develop an individualized family service plan (IFSP) within 45 days of receiving a referral.	First Steps is Kentucky's response to the federal Infant-Toddler Program. First Steps offers comprehensive services through a variety of community agencies and service disciplines and is administered by the Department for Public Health in the Cabinet for Health and Family Services.	Children are eligible for service up to their third birthday.	Our system does not allow for any follow up once a child exits our services. Many of the children we serve go on to receive developmental services through the school system so that is where follow up occurs.	Statewide
		Automatic entry - A child may be eligible if he or she receives a diagnosis of physical or mental	Referrals are directed to teams at the district Point of Entry offices that				

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Services Comparison Tool

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Services	Target Population	Referral Criteria	Response Time	Services	Duration of Service
In-Home Based Services (CCC)	Ages birth through 18	Must be low risk families – Resource Links/FINSA; Community partners are encouraged to make referral to prevent maltreatment	First visit scheduled within 5 working days	Teaching problem-solving skills; assist parents with self-sufficiency skills. Services teach the family how to live together safely while addressing their immediate needs. Develops action plan & refers family to needed resources	Varies according to the needs of the families and curriculum or model used. Required to use a nationally recognized research-based curriculum.
In-Home Based Services targeting birth through 5 (CCC)	Ages birth through 5	Must be low risk families – Resource Links/FINSA; Community partners are encouraged to make referral to prevent maltreatment	First visit scheduled within 5 working days	Teaching problem-solving skills; assist parents with self-sufficiency skills. Services teach the family how to live together safely while addressing their immediate needs. Develops action plan & refers family to needed resources.	Varies according to the needs of the families and curriculum or model used, generally short term. Required to use a nationally recognized research-based curriculum.
Intensive Family Preservation Services (IFPS)	Provided to family with child at imminent risk of removal. Ages birth to 17	Child at imminent risk of removal. *DCBS open case or RIAC. Supervisor and Regional R&S approval. One parent willing to meet with IFPS.	Response to referral w/in 24 hours	Intensive crisis intervention to help resolve immediate crisis that precipitated referral. Asses family functioning; teach skills to family members to address recurring areas of conflict, counseling, and life skills education. 24/7 access	4-6 weeks (Minimum of 8-10 direct service hours per week) 3, 6 (face to face) and 12 months

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Time Limited Reunification Services (FRS)	Target Population	Referral Criteria	Response Time	Services	Duration of Service
Provided to family & child returning from OHC w/in 15 months of most recent entry. Ages birth to 17	Child in OHC with DCBS plan for return home within 1 month. DCBS Supervisor and Regional R&S approval.	Response to referral w/in 72 hours	Intensive services to help child transition home to family and community. Assess child and family functioning; teach skills to family members to address recurring areas of conflict and provide counseling & life skills education to prevent re-entry. 24/7 access	6-17 weeks (Minimum of 3-8 direct service hours per week)	3, 6 (face to face) and 12 months Statewide
Families and Children Together Safely(FACTS)	Provided to family with a child at substantial risk of removal or to family w/child returning from OHC beyond 15 months. Ages birth to 17	Child at risk of removal or child to return home from OHC. DCBS open case Supervisor and Regional R&S approval.	Response to referral w/in 72 hours	Comprehensive services to families to assess family functioning; teach skills to address recurring areas of conflict; provide counseling and life skills education to family members. 24/7 access	4-17 weeks (Minimum of 3-8 direct service hours per week)
FPP Adoption Support	At risk of adoption dissolution, at risk of abuse or neglect to adopted child; previous disruption	Eligible child/family must live in Jefferson County and be at risk of adoption dissolution, adopted child at risk of abuse or neglect, or have had a previous disruption. Includes families in Jefferson County with children in pre-adoptive placements who are at risk of placement disruption.	None noted	Respite care; Parent education and psycho-educational sessions offered; Crisis Intervention; 24/7 access	2-6 months of in-home service at a minimum of 3-5 hours per week. Reunification services include 1 month of in home sessions and may be extended for 3 months if needed.
Impact Program	Birth up to age 21 Children with Severe Emotional Disability (SED). SED is defined by KRS 200.501. (i.e., children who have an	Children with SED who are receiving institutional care or are at risk of institutional Placement shall be given priority for services pursuant to KRS 200.501-509.	No specific time frame that's uniform statewide. Generally referral made to RIACIAC through the Local Resource Coordinator and then reviewed at next available RIACIAC meeting--generally held	Targeted Case Management/Service Coordination utilizing Wraparound. Wraparound is a "best practice" Model whereby a facilitator guides development and implementation of a	Varies widely but generally longer term (18-36 months) In some Region, there is a formal IMPACT Follow Up period of 3-6 months whereby the IMPACT Service Coordinator is available to the family but does not actively meet with the child or family

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		Fall 2010			
Services	Target Population	Referral Criteria	Response Time	Services	Duration of Service
Impact Plus	Birth to up to age 21 years Axis I Diagnosis like ADHD/ADD, Major Depression, Tourette's, Oppositional Defiant Disorder, etc.) And who show functional impairment in at least 2 of 5 areas and who are in need of coordination of services. Diagnoses of Mental Retardation or Substance Abuse may also exist but only if with SED-mental health diagnosis.	This is a Medicaid funded program and thus child must be Medicaid eligible/Medicaid Recipient. Child must also be at risk of institutionalization due to behavioral health needs. Must have an Axis I diagnosis, have behavioral health problems in the home, school, and community setting related to the diagnosis that requires a medically necessary coordinated plan of services that cannot be met by a less intense service program. Primary State level Contact: <u>Kara.Fresh@ky.gov</u>	Varies by agency. Once eligibilities are completed, authorization or denial usually occurs within 72 hours.	Varies greatly by region and provider. Among the services available are: Individual, collateral, and group therapy; Targeted case management (TCM), therapeutic child support (TCS), behavioral health evaluation, after school program, summer program, day treatment, partial hospitalization, intensive outpatient programs, therapeutic foster care, therapeutic group residential, and crisis stabilization/CSU. May contact IMPACT Plus Central Office for greater detail at: <u>Kara.Fresh@ky.gov</u> or 502-564-4797	Varies based on the needs of the individual/family and the availability of community resources upon which to Duration generally exceeds 6 months.
					Statewide EXCEPT FOR: Johnson, Knott, Magoffin, Martin, Pike

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KY SEED provides additional supports to the IMPACT, Early Childhood Mental Health Specialists programs within the CMHCs to better meet the needs of children 0-5	Child must be 0-5 and have social, emotional, and/or behavior problems. Child is referred to KY IMPACT in the KY SEED funded regions. Primary State level contact: Vestena.Robbins@ky.gov Beth.Jordan@ky.gov	Identical to KY IMPACT. Service coordination, clinical services, family support, in-home services, assessment, peer-to-peer, EC consultation, referrals to other agency and community services and supports as deemed appropriate by the child and family's wraparound team.	Varies based on needs and strengths of the family as identified by the Wraparound team.	As determined by wraparound team.	Available now in Bluegrass East RIAC Clark, Fayette, Jessamine, Powell Provider - Bluegrass Regional MHMR Board
Fall 2010					

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Services	Target Population	Referral Criteria	Response Time	Services
KIDS NOW Plus	Pregnant women at risk for SA, MH and DV problems	No specifics noted other than pregnancy and being at risk for SA, MH and DV problems There is NO charge to the client	None stated but client must be entered into treatment within 48 hours of referral acceptance.	<p>Case management: a) Outreach to pregnant women at risk for SA, MH and DV problems b) In-depth screening for risk, and referrals to SA, MH and DV services as indicated c) Basic case management services (referral to resources for necessities such as housing, food, childcare) d) If indicated, case managers follow the woman through her pregnancy, using Motivational Interviewing and incentives to:</p> <p>Increase readiness to follow through on referrals to clinical services, and/or to reduce alcohol, tobacco, and other drug use and Support and assist woman to attend prenatal care appointments</p> <p>Prevention education about the risk to the fetus from use of alcohol, tobacco, and other drugs: Universal classes, for any pregnant woman and Selective and indicated classes, for women with risk factors indicating increased risk for developing substance abuse problems</p>

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Services	Target Population	Referral Criteria	Response Time	Services	Follow-up
Intensive In-Home Services Prevention & Reunification (Formerly known as DIVERSION)	A target child is age 5 (and enrolled in school) up to age 17 that has been identified by DCBS as being at risk for being placed in OOHIC or a child who will be transitioning back to their home.	Open case with DCBS At least one Target Child in the home between 5 and 17 years old and enrolled in school. Family must be TANF eligible Referrals are to be made via your designated Regional Selection & Referral staff	Family Assessment completed within 96 hours working hours and which must include the North Carolina Family Assessment Scale (NCFAS)	Intensive & comprehensive home based services utilized to divert child from OOHIC or to reunify a child with their family. Services include: Clinical assessment of targeted child and family based on the North Carolina Family Assessment Scale and other assessment tools, which include but are not limited to, Adult Adolescent Parenting Inventory (AAPI), Parenting Stress Index (PSI), Child Behavior Checklist (CBCL), Social Skills Rating Scales (SSRS) Therapeutic child supportive services which are behavioral, psychological and psychosocial in orientation; are multi-faceted and include crisis management, individual/family counseling, skills training, coordination, and linkage with other necessary services, resources and supports. Parental development program Crisis intervention 24/7 Availability to family	3 months, 6 months and 1 year following intervention with successful intervention being defined by the child remaining in the home. May be extended an additional 2 months

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The Lakes

Services Comparison Tool

Fall 2010					
Services	Target Population	Referral Criteria	Response Time	Services	Duration of Services
Michelle P Waiver	Children and adults any age	<p>Must have a developmental disability or significantly sub average intellectual functioning. Must meet ICF/MR or NF level of care. Must qualify for Medicaid, and must benefit from active treatment.</p> <p>A Severe chronic disability that is attributable to mental or physical impairment or combination of both (excluding mental illness). This must be manifested prior to age 22 and has to be likely to continue indefinitely and results in substantial functional limitations in 3 or more life areas:</p> <p>Self care Understanding and use of language Learning Mobility Self direction Capacity for independent living</p>	<p>The Community Mental Health Center has 14 days from time the assessment is requested to get it completed.</p> <p>A Severe chronic disability that is attributable to mental or physical impairment or combination of both (excluding mental illness). This must be manifested prior to age 22 and has to be likely to continue indefinitely and results in substantial functional limitations in 3 or more life areas:</p> <p>Self care Understanding and use of language Learning Mobility Self direction Capacity for independent living</p>	<p>40 Hours of services per week. Service that you can receive that are not counted in the 40 hours:</p> <p>Respite Case management services. Assessment Re-assessment Services included in the 40 hours:</p> <p>Homemaker Personal care Adult day training ADHC Homemaker services Supported employment Attendant care Behavioral supports Community living supports Occupational therapy Speech therapy Physical therapy</p>	<p>For as long as the client is eligible and the service is deemed necessary.</p> <p>Yearly reassessment required to determine continued eligibility.</p>

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Universal Referral Form for Services

Supervisory Review: (Required for all referrals)Evaluation of Placement Risk: Imminent Risk Moderate Risk Low Risk

FSOS/Chief Signature: _____ Date: _____

Date of Referral: _____

Program Desired (SSW/FSOS recommendation): CCC In-Home Based Services (IHBS) – low risk cases only (ongoing case NOT required) CCC Supervised Visitation (Attach copy of Visitation Agreement) CCC FTM

Family Preservation Programs - ongoing case required

 Intensive Family Preservation Services Family Reunification Services Families and Children Safe Together

Intensive In-Home Services (Diversion) - ongoing case required

 Preservation/Diversion Reunification

Other- please specify: _____

If Reunification Services are being requested, attach a copy of the child's Placement Summary.

Date of child's initial removal: _____

Date that the child is expected to transition home: _____

Case Name: _____

Case Number (required): _____

Family's Address: _____

County: _____

Family's Phone Number: _____

TANF Eligible(required): Yes No

Is the family aware that this referral is being made and given a description of each program?

 Yes NoParent has signed a release form for CCC IHBS, FPP and IIHS (Diversion)? Yes No Date: _____(Note: All referrals require a signed release forms listing all providers for approval)**Parent/guardian/caretakers:**

Name	DOB	SS#	Relationship/Role	Willing to work with In-Home Services	TWIST Individual ID # (required)
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Children: (indicate check under referred child if the child is at risk of placement or in need of reunification svc)

Name	DOB	SS#	Gender	Referred child	TWIST Individual ID # (required)	Referred Child currently in home
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>

Other Household Members:

Name	DOB	SS#	Relationship/Role	To be involved with In- Home services

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If the caretaker/guardian listed above is not the parent please provide the information requested below.

Mother: Involved w/child? Y N Address: Phone:
 Father: Involved w/child? Y N Address: Phone:

Reason for Referral: (Explanation of situation/factors which places the child(ren) at risk of placement or resulted in the removal of the child(ren) from his parents' care. Include behaviorally specific information about all individuals contributing to the risk of removals.) (For CCC IHBS- describe need for In-home services.)

Services Needed: (Referring worker's recommended treatment goals or services to be provided by the in-home provider)

Prior DCBS involvement: (brief summary of number or prior referrals, the nature of those referrals and the findings. Include summary of prior ongoing cases and OOHC episodes)

Presenting Problems: (what are the specific behaviors or issues that create risk for out-of-home placement ?) (CCC - need for in-home services) *Please check all that apply* (double-click to check boxes if completing online)

Presenting Parent/Family Issues	Past	Present	Both	Comments (Specify individual, severity, treatment, etc.)
Alcohol Use – Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Divorce / Single Parent Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug Use – Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health Issues – Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Criminal History – Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limited Cognitive Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Presenting Child/ren Issues	Past	Present	Both	Comments (Specify individual, severity, treatment, etc.)
Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol Use – Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavior Problems at Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug Use – Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gang Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health Issues – Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relative Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School Problems – Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School Problems – Behavioral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Truancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Child Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Are there mental health concerns of anyone in the home? If so, please explain
- Is there current or past court involvement (Abuse, Neglect, Dependency or Juvenile/Status) with the referred child/ren? If so, please explain.
- Are there other significant issues in the family? (medical problems, hearing impaired, mobility issues, etc)
- Identify family strengths.
- Are any of the following providers currently involved with this family and provide name of the provider/case manager.

Every Child Succeeds _____

First Steps _____

Impact _____

Impact Plus _____

Mental Health Provider _____

Other, specify _____

Department for Juvenile Justice (DJJ) _____

If DJJ is involved please provide an explanation of the type of involvement.

- Have any of the referred children received In-Home Services (CCC, FACTS, FPP, FRP or Diversion) services in the past?

Yes No

If yes, please specify which child(ren), the month/year that those services ended and whether the program was completed before closure.

- What is the intended plan if requested services not available?

- DCBS worker's assessment of the potential for physical violence:

Within the family: Extreme High Moderate Low None

Towards others: Extreme High Moderate Low None

Referring Worker: _____

Email address: _____

Phone/ext: _____

Referring FSOS: _____

Email address: _____

Phone/ext: _____

Ongoing FSOS, if different: _____

Email address: _____

Phone/ext: _____

If there is an FTM or other meeting scheduled to occur with this family you may include the date, time and location of the meeting here. If the referral is approved, the provider *may* attempt to participate in this meeting. _____

Regional Office Use:

Approved, Date: _____

Pending, end date: _____

Denied

Program Approved: CCC In-Home Based Service (IHBS)

Family Preservation Program

Intensive In-Home Services

SSW/FSOS Notified of Approval Status: _____

Referral sent to Provider: _____

Comments:

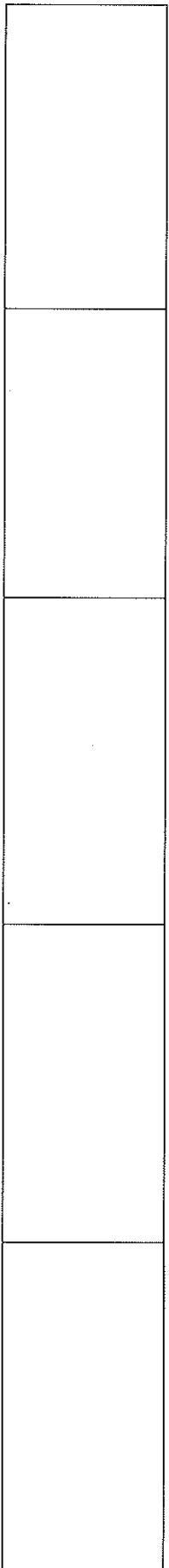
ACTION PLANNING

Cumberland Region

GOAL: Primary Theme I: Enhanced Family Involvement and Capacity to Provide for their children's needs.			
OBJECTIVE # 1C.2.2 Develop and implement a resource coordination for in-home and out of home service planning			
STRATEGY # 1C: Improve the quality of case planning process and matching needs and services.			
TASK(S)	Lead Assigned	Evidence of Completion	Date Completed
Develop Regional Referral form for all in home services programs	Regional staff	Form developed	7/02/10
All in-home service referrals will be sent to the designated gatekeeper for approval.	In Home Services Gatekeepers, Sherry Crawford and Cindy Colyer	All referrals for in-home services are sent to the designated gatekeeper.	Ongoing
Educate staff on referral process by emailing referral form with instructions about the referral process. Share the form with supervisors at staff meeting and discuss the referral process.	Sherry Crawford and Cindy Colyer	Issuance of email Referral process will be discussed during staff meeting.	12/31/10
Educate community partners on referral process at RIAC and CCC meetings by sharing the referral form and discuss the referral process.	Jennifer Warren, Cindy Colyer and Sherry Crawford.	RIAC and CCC meeting minutes	12/31/10
			CCC CV- CCC LC- RIAC CV- RIAC LC-

Action Step 1C.2.2 Part 5
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Action Step 1C.2.2 Part 5
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Northern Bluegrass Region
In-home Services Programs Resource Coordination Implementation Plan
CCC In-home Services, Family Preservation Programs (FPP, FRP, FACTS) and Intensive In-Home Services (Diversion)

The Northern Bluegrass Region has been using a uniform referral process for existing in-home services programs available in the region for several years. The process was updated in April 2009 resulting in the use of an established gatekeeper within the regional office. All referrals to the in-home services programs are sent through the gatekeeper to enhance the likelihood that the families with the most significant needs receive these intensive in-home services. While this protocol provided for uniformity in the referral and approval process, separate referrals were being utilized for each program. This resulted in some duplication of activities when the gatekeeper determined that different program would be more appropriate to serve the referred family. This PIP task afforded the region the opportunity to further streamline the gate keeping and referral process which will likely result in improved staff productivity and service utilization. With the recent addition of CCC in-home services in the Northern Bluegrass Region this task also afforded us the opportunity to seamlessly incorporate that program's referral needs into our referral form and process.

Aside from combining the IIHS and FPP referral forms and adding the option of CCC in-home services, the updated referral form allows the referring worker and supervisor to recommend one of the five in-home programs but gives the gatekeeper the option to approve another program if it would be more appropriate without requiring the worker to submit another referral packet. As a result of this change the referring worker will be asked to provide families with an explanation of each program and obtain a release of information listing each program prior to submitting the referral. This will enhance timely service provision despite unanticipated referral changes.

The new referral form and procedures will be introduced first to supervisors at a monthly FSOS meeting. The information will then be shared with front line staff during their team meetings. Staff are already being introduced to the In-Home Services Program Comparison Chart as this was distributed to supervisors at their September FSOS meeting. They were asked to share the tool at their next team meeting, providing staff with a copy at that time. Supervisors were asked to return a copy of the chart to our Regional PIP point person with each of their team members' signatures on it to indicate that they had been introduced to the tool. Staff will also receive a summary of the CCC, FPP and IIHS programs and eligibility guidelines with the updated referral form and process overview that they may use for quick reference.

ACTION PLANNING

GOAL: Theme II: Enhanced Child Stability and Permanency		Eastern Mountain		
OBJECTIVE: To increase the use of intensive in home service programs to prevent removal of children and stabilize reunified families to prevent re entry.		STRATEGY: Develop process/protocol to enhance the number of appropriate referrals to in home services		
TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Information sheets concerning various in home programs such as FPP IHS, and CCC will be developed and shared with all front line staff	Patricia Engle Cyndee Trent	Sheets will be distributed	11-01-2010	
Universal referral form will be developed and distributed to all frontline staff	Patricia Engle Cyndee Trent	Referral form will be approved by state and distributed to all staff	11-01-10	
FPP, IHS, and CCC will be invited to attend local office CQI meetings to discuss their programs.	Kristie Combs SRAAs of counties	CQI minutes	01/03/2011	
FPP, IHS, and CCC will be invited to regional P and P supervisor meeting to discuss programs and referral criteria.	Debra Wilcox Ron Webb	Agenda for meeting, sign in sheet at meeting	01-03-2010	

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FSOS will track the use of in home services during their monthly supervisor reviews and quarterly MSW reviews and recommend referrals be made as appropriate.	FSOSS		FSOS supervisory review sheets, MSW review forms	10-01-10
Specialist will track the use of in home services during their quarterly MSW reviews and recommend referrals be made as appropriate.	Patricia Engle Charlene Hays Jenny Beth Claxon Marjory Lindon Edwina Slone	MSW case review forms	10-01-10	
All in home services referrals will be sent through gate keepers and will be logged in spreadsheets to track trends in referrals.	Patricia Engle- FPP/CCC Cyndee Trent: IIHS	Excel Spreadsheets	10-01-2010	
Increased use of in home services will be measured on URC forms under the question: Services Considered to prevent OOHIC placement/ disruption/ critical Need.	SRAAs Cyndee Trent	Cyndee will monitor URC forms for use	11-01-10	

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1C.2.2 Implement Resource Coordination Process
Salt River Trail

ACTION PLANNING

GOAL: Develop and implement a resource coordination process for in-home and out-of-home service planning

OBJECTIVE: To maximize the use of the CCC in-home services FPP (IEPS, FRS & FACTS) and Intensive In-Home Services (formerly known as Diversion) grants by having all request for services sent to an individual or group of individuals who is familiar with all of the programs, and based on the intensity of the service needed, determines which program is most appropriate.

STRATEGY: Using the newly developed In-Home Services Comparison Tool, each region needs to develop a plan on how they will educate their staff and community partners about the services, and how the referral process will work.

TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Add Comparison Tool to in-home resource public folder named "In-Home Service Guide"	Rita Young	Guide available to staff in public folder	11/19/2010	
Comparison Tool emailed out to staff	Rita Young	Comparison tool available to staff on email	11/30/2010	
Hand out in-home services tool to community partners	DeDe Sullivan	In-home services tool available to community partners	Next local CCC meeting	

GOAL: Develop and implement a resource coordination process for in-home and out-of-home service planning

OBJECTIVE: To maximize the use of the CCC in-home services, FPP (IEPS, FRS & FACTS) and Intensive In-Home Services (formerly known as Diversion) grants by having all request for services sent to an individual or group of individuals who is familiar with all of the programs, and based on the intensity of the service needed, determines which program is most appropriate.

STRATEGY: Each region needs to determine how they will implement their process in their region and include the process in the packet with the referral.

TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Formalize regional protocol for making referrals	Sandy Mader	Protocol available	11/30/2010	
Utilize regional protocol for making referrals to appropriate programs	Staff	Protocol being followed by staff	Ongoing	
Evaluate need of staff training periodically	Gatekeepers: DeDe Sullivan		Ongoing	
Quarterly review of referral log to assess patterns of utilization	Sandy Mader	Log is reviewed	ongoing	

LAKES ACTION PLANNING—In Home Services Coordination

9/20/10 (revised 10/4/10)

GOAL: Enhanced family involvement and Capacity to Provide for their children's needs

OBJECTIVE: Develop and implement a resource coordination process for in-home and out of home service planning

STRATEGY: To maximize the use of the CCC in-home services by having all requests for services sent to a gatekeeper who is familiar with all of the programs, and based on the intensity of the services needed, determines which program is most appropriate

TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Draft a Lakes Region Referral form for all in home services programs	In Home Services Gatekeepers, Kim Ford & Beverly Bone	Draft completed	9/20/10	9/20/10
PIP team to review draft and identify next steps	Janet Doyel, PIP Lead	9/20/10 Meeting Minutes	9/30/10	9/20/10
Share draft with region providers and get input	PACS—Kim Ford Bellewood—Beverly Bone	Input shared in PIP Mtg	10/4/10	10/4/10
Seek clarification re education of staff and implementation—before or after state draft.	Janet Doyel, PIP Lead	10/4/10 Meeting Minutes	10/30/10	10/5/10
Determine education and implementation plan	Janet Doyel, PIP Lead	10/4/10 Meeting Minutes	10/30/10	
Form, educational plan, and implementation plan to be posted in regional PIP folder.	Janet Doyel, PIP Lead	Items posted in regional PIP folder	10/30/10	
Draft regional form to be sent in; await state form. - Education via email and FSOS mtg after state form developed - Regional in-home services	Janet Doyel Kim Ford & Beverly	Draft created & to PIP folder on Share point -Email; mtg summary	10/30/10 Date to be set after state form received	Action Step 1C.2.2 Part 9 KY 3 rd QR report December 31, 2010

gatekeepers to implement;	Bone

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GOAL: To maximize the use of the CCC in-home services, FPP (IFPS, FRS & FACTS) and Intensive In-Home Services (formerly known as Diversion) grants by having all request for services sent to an individual or group of individuals (gate keeper) who is familiar with all of the programs, and based on the intensity of the service needed, determines which program is most appropriate.

OBJECTIVE: Increase usage of resources to families needing in-home and out of home care services.

STRATEGY: Develop and implement resource coordination process for in-home and out of home service planning.

TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Develop/update regional specific referral form and handbook that encompasses all five in home service programs.	Joanie Moore Angie Cornett	Updated universal referral form.	October 30, 2010	
Once updated form and handbook will be shared to all staff via email and Joanie/Angie will visit team CQI's to discuss changes/updates	Joanie Moore Angie Cornett	Team CQI meeting minutes. Email sent to all staff.	November 30, 2010	Email sent to all all staff 9/24/10.
Educate Community Partners regarding updates/services.	Joanie Moore Angie Cornett	Meetings held with community partners by Angie/Joanie.	November 30, 2010	

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Action Needed	Southern Bluegrass	Responsible Person	Date Due	Status update (including any barriers identified)
New Statewide Universal Referral Form needs to be sent to all staff in the region by email.	Kristy Kidd	12-15-2010	Action completed on 12-8-2010 with no identified barriers.	
New Statewide Universal Referral Form for In-Home Service providers needs to be shared with providers/community partners.	Kristy Kidd	12-15-2010	Action completed on 12-8-2010. Ms. Kidd provided partners with an electronic copy of the referral form and solicited feedback from providers. No identified barriers.	
Kristy Kidd will collect any feedback from service providers regarding the new referral form and will present this information to regional management for discussion by 1-24-2010.	Kristy Kidd	1-24-11	To be completed	
Kristy Kidd will also share any trends identified in referral form completion by staff so this information can be shared with supervisors at the next regional staff meeting.	Kristy Kidd	2-4-2011	To be completed	
Statewide Universal Referral Form will be reviewed with FSOS's at next regional meeting. Clarification will be provided if questions are asked.	Crissy Grubbs	2-15-2011	To be completed	
Feedback will be solicited from FSOS's	Crissy Grubbs	2-15-2011	To be completed	

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during next regional meeting regarding the Statewide Universal Referral Form for In-Home Service providers. Any feedback provided will be presented to Kristy Kidd as she is the regional point person for in-home services.

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ACTION PLANNING

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GOAL: Theme III Enhance Community Collaboration		TR Service Region: 9-2-10		
OBJECTIVE: Develop strategic partnerships to improve service accessibility and enhance community collaboration. STRATEGY: IC2.2 Develop and implement a resource coordination process for in-home and OOHC service planning 3A.1 Enhance community partnerships for prevention services through the CCC regional network				
TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Region will have Gatekeeper (CPS SSS) for all In-home services.	Lorinda and Liz – CPS SSS	Already assigned		
Referral form to be filled out by staff and scanned/faxed to Gatekeeper.	Front line staff	Referral forms completed	On-going	
Gatekeeper will review and confirm type of needed service.	Lorinda and Liz	Maintain Excel spreadsheet		
Disseminate to staff the referral process too and comparison tool.	Lorinda and Liz/SRAA's	Present to staff at FSOs staffing and through email.		
Regional Gatekeepers to develop process of meeting with In-home service providers to discuss regional outcomes and needs/barriers.	Lorinda and Liz	Meetings scheduled and completed.	Begin by 12-1-10	3-1-11
Gatekeeper to meet with		Meetings scheduled and	Begin by 12-1-10	3-1-11

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each P&P team to discuss In-home services comparison tool. Begin with counties with the highest % for rates of removal and greatest need.	Lorinda and Liz	completed	
Disseminate to community partners at CCC meetings/community meetings, regional data around outcomes, needs/barriers. Strategize solutions with community partners.	SRA/SRAA/SSS	Meeting minutes on PPMET system	On-going

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ACTION PLANNING

Northeastern

GOAL: Enhance knowledge of the In Home Services referral and coordination process

OBJECTIVE: Increase staff's and community partner's knowledge of In Home Services to prevent abuse/neglect or children from entering OOHC

STRATEGY: Educate staff and community partners of In Home Services and how to access and how/when to utilize

TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
In Home Comparison Tool reviewed with FSOS	Lesa Dennis	Reviewed at FSOS meeting	10/30/10	10/13/10
FSOS to share the In Home Comparison Tool with their staff	FSOS's	Discussed during staff meetings and tool given to staff	11/30/10	
In Home Comparison Tool will be shared with community partners/providers	Vince Geremia/Lesa Dennis	Meeting held with In Home Service providers and form discussed Additional providers invited to the meetings	10/30/10	10/26/10 January 2011 and ongoing

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Update the Region's protocol for referring to In Home Services (CCC, FPP, IHS)	Lesa Dennis	Protocol update and sent to staff	12/23/10
New In Home Services Referral Form will be sent to all providers to make them aware of the change of referral forms	Lesa Dennis	E-mail sent with form attached	12/23/10
New In Home Services Referral Form will be sent out to all SSW's and FSOS's in the region	Lesa Dennis	E-mail sent with form attached	12/23/10

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